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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Title of Invention	Antiangiogenic Agents
	Named Inventor(s)	Gregory E. Agoston Victor Pribluda Shawn J. Green
	Attorney Docket	43170-253406 (05213-0731)
	Express Mail Label No.	EL610728038US

<b>APPLICATION ELEMENTS</b>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims Small Entity status 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 39 4. <input checked="" type="checkbox"/> Drawings Total Sheets 1 5. Oath or Declaration Total Pages a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. (i) <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 8. <input type="checkbox"/> Assignment: a. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) b. <input type="checkbox"/> Assignment is of record in parent application No. _____ 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney by assignee 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO- 1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Other: _____		
16. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application: _____			
17. CORRESPONDENCE ADDRESS:  <table> <tr> <td> <b>Suzanne Seavello Shope</b>            KILPATRICK STOCKTON LLP            2400 Monarch Tower            3424 Peachtree Road, N.E.            Atlanta, Georgia 30326         </td> <td>           By: <u>Suzanne Seavello Shope</u> Reg. No. 37,933            Date: <b>February 8, 2001</b>            Telephone: 404-949-3999            Facsimile: 404-949-2499         </td> </tr> </table>		<b>Suzanne Seavello Shope</b> KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326	By: <u>Suzanne Seavello Shope</u> Reg. No. 37,933 Date: <b>February 8, 2001</b> Telephone: 404-949-3999 Facsimile: 404-949-2499
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